Los Angeles County Sheriff's Department
Officer Involved Shooting

Report Date: 3/10/2006	Bureau/Station/Facility: Compton Station	Admin. Invest.? ☐	Hit? ☒

Incident Information

URN: 406-04137-2826-051	Date: 3/10/2006 Time: 2037
City or Station: Compton Station	Nature of Incident: Deputy Involved (Hit) Shooting
Location: [redacted] N. Muriel	

Location Type (*circle one or more*): Backyard, Beach, Business, Freeway, Industrial, Park, Parking Lot, Residence, Rural, School, **Street**, Other: ____

Lighting (*circle only one*): **Darkness**, Daylight, Other, **Street Lights**

Weather (*circle only one*): Clear, Cloudy, Fog, **Rain**

Distance:

Incident Type (*circle one or more*): Accidental, **Armed Person**, **Fleeing Suspect**, **Foot Pursuit**, Gun Take Away, Moving Vehicle, Sniper/Ambush, Startle, Struggle Involved, **Traffic Stop**, Unarmed Person, Unintentional, Vehicle Pursuit, Warrant Service, Warning Shot, Other: ____

Initiated by (*circle only one*): Arrest Warrant, Call, **Observation**, One Person Unit, Other, Search Warrant, **Two Person Unit**

Prior Activity (*circle only one*): Detective, Inmate Transport, Other, **Routine Patrol**

Aero Unit? ☐ Canine Unit? ☐

Total # of Shots Fired by Deputy	Total # of Shots Fired by Suspect
4	0

Employee Witnesses

Employee #	Last Name	First Name	M.I.	ShiftTime (*circle only one*):	ShiftType (*circle only one*):
				EM PM Day	Regular Overtime Off Duty
				EM PM Day	Regular Overtime Off Duty
				EM PM Day	Regular Overtime Off Duty

Non-Employee Witnesses

Last Name		First Name		M.I.
Street Address	City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address	City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address	City	Zip Code	Work Ph	Home Ph

Supervisors

Employee #	Last Name	First Name	M.I	(*circle one or more*):
[redacted]	Tardy	April		**On Duty**, Present during shooting, Witness to shooting, Involved in shooting
[redacted]	Rodriguez	John		**On Duty**, Present during shooting, Witness to shooting, Involved in shooting

Watch Sergeant

Employee #	Last Name	First Name	M.I.
[redacted]	Rigalado	Raul	D

Watch Commander

Employee #	Last Name	First Name	M.I.
[redacted]	Davoren	Patrick	S

PSTD Use Only
SH # 2166138

Officer Involved Shooting

URN: 406-04137-2826-051

Rollout Information

Arrival Date	Arrival Time	Date Submitted	Date of Recommendation
03/10/2006	2230		

Employee #	Last Name	First Name	M.I
[redacted]	McCray	Leonard	
[redacted]	Stunson	David	
[redacted]	Jennings	Ricky	

Shooting / Force Information

Method

(AW) Arwen
(BC) Baton:(Control)
(BI) Baton:(Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds:(Control Techniques)
(TT) Control Holds:(Team Takedown)
(TD) Control Holds:(Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device:Hobble (Legs Only)
(TP) Restraint Device:Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hand
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(SH) Shoulder
(WR) Wrist

Brand

(AK) AK-47
(BN) Benelli
(BR) Beretta
(BW) Browning
(CH) Charter Arms
(CO) Colt
(DA) Davis Industries
(GL) Glock
(HA) Harrington & Richardson
(HI) Hi Standard
(HK) H & K
(IT) Ithica
(IV) Iver Johnson
(JE) Jennings
(LO) Lorcin
(LU) Luger
(MA) Marlin
(MO) Mossberg
(NC) NCI aka SKS
(NA) North American
(NO) Norinco
(RA) Raven
(RM) Remington
(RG) RG
(RI) RGI
(RO) Rossi
(SW) Smith & Wesson
(SR) Sturm Ruger
(ST) Sterling
(TA) Taurus
(WE) Weatherby
(WN) Winchester
(US) US Government
(YY) Handmade (Inmate)
(XX) Homemade (Non-Inmate)
(ZZ) Other Brand

Caliber

(9) 9 mm
(10) 10 mm
(12) 12 guage
(20) 20 guage
(21) .22-250
(22) .22 caliber
(23) .223 caliber
(24) .243 caliber
(25) .25 caliber
(30) .308 caliber
(35) .357 caliber
(36) 30-60 caliber
(38) .38 caliber
(40) .40 caliber
(41) .410 guage
(44) .44 caliber
(45) .45 caliber
(50) 50 mm
(SL) Slug
(WW) Other caliber

FORCE APPLIED *(one code per block)*

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S#1	E #1	FH	ZZ	9			NN	
S#1	E #2	FH	ZZ	9			NN	
E #1	S#1	FH	BR	9	Y	Y	GS	AR
E #2	S#1	FH	BR	9	Y	Y	GS	AR

See Front Side



Officer Involved Shooting
Involved Employee Information

URN: 406-04137-2826-051

Involved Employee

E 1

Field	Value
Employee #	[redacted]
Last Name	Dean
First Name	Robert
M.I.	
Sex	M
Race	W
Rank	DSG
Unit Assignment	Compton Station
Work Assignment (Unit #, Module, etc.)	Unit 285
ShiftTime (*circle only one*): EM / PM / Day	PM (circled)
ShiftType (*circle only one*): Regular / Overtime / Off Duty	Regular (circled)
Intoxication/Drug Usage?	☐
Substance Used	
Hospital Admission?	☐
Hospital Name	
Coroner Case?	☐
Coroner Case #	
Interviewed?	☒
Hrs of sleep prior to shooting	8
Duty Time (hrs)	[redacted] - [redacted]
Clothing (*circle only one*): Plain Clothes no Vest / Raid Jacket w/ Vest / Plain Clothes w/ Vest / Uniform no Vest / Raid Jacket no Vest / Uniform w/ Vest	Uniform w/ Vest (circled)
Other Factors	
Age	[redacted]
Height	507
Weight	180
Range Qualification Date	[redacted]
PPC Qualification Date	[redacted]
Laser Training Date	[redacted]
Certified with Weapon Used?	[redacted]
Patrol Certification?	[redacted]
Certification Unit	[redacted]
Prior Shootings?	[redacted]
Number of Prior Shootings	[redacted]
Field Training Officer Emp # / Last Name / First Name / M.I.	[redacted] / [redacted] / [redacted] /
Field Training Officer Emp # / Last Name / First Name / M.I.	[redacted] / [redacted] / [redacted] /

E 2

Field	Value
Employee #	[redacted]
Last Name	Toone
First Name	Andrew
M.I.	
Sex	M
Race	W
Rank	DSG
Unit Assignment	Compton Station
Work Assignment (Unit #, Module, etc.)	Unit 285
ShiftTime (*circle only one*): EM / PM / Day	PM (circled)
ShiftType (*circle only one*): Regular / Overtime / Off Duty	Regular (circled)
Intoxication/Drug Usage?	☐
Substance Used	
Hospital Admission?	☐
Hospital Name	
Coroner Case?	☐
Coroner Case #	
Interviewed?	☒
Hrs of sleep prior to shooting	8
Duty Time (hrs)	[redacted] - [redacted]
Clothing (*circle only one*): Plain Clothes no Vest / Raid Jacket w/ Vest / Plain Clothes w/ Vest / Uniform no Vest / Raid Jacket no Vest / Uniform w/ Vest	Uniform w/ Vest (circled)
Other Factors	
Age	[redacted]
Height	600
Weight	205
Range Qualification Date	[redacted]
PPC Qualification Date	[redacted]
Laser Training Date	[redacted]
Certified with Weapon Used?	[redacted]
Patrol Certification?	[redacted]
Certification Unit	[redacted]
Prior Shootings?	[redacted]
Number of Prior Shootings	[redacted]
Field Training Officer Emp # / Last Name / First Name / M.I.	[redacted] / [redacted] / [redacted] /
Field Training Officer Emp # / Last Name / First Name / M.I.	[redacted] / [redacted] / [redacted] /

E ___

Field	Value
Employee #	
Last Name	
First Name	
M.I.	
Sex	
Race	
Rank	
Unit Assignment	
Work Assignment (Unit #, Module, etc.)	
ShiftTime (*circle only one*): EM / PM / Day	
ShiftType (*circle only one*): Regular / Overtime / Off Duty	
Intoxication/Drug Usage?	☐
Substance Used	
Hospital Admission?	☐
Hospital Name	
Coroner Case?	☐
Coroner Case #	
Interviewed?	☐
Hrs of sleep prior to shooting	
Duty Time (hrs)	
Clothing (*circle only one*): Plain Clothes no Vest / Raid Jacket w/ Vest / Plain Clothes w/ Vest / Uniform no Vest / Raid Jacket no Vest / Uniform w/ Vest	
Other Factors	
Age	
Height	
Weight	
Range Qualification Date	
PPC Qualification Date	
Laser Training Date	
Certified with Weapon Used?	☐
Patrol Certification?	☐
Certification Unit	
Prior Shootings?	☐
Number of Prior Shootings	
Field Training Officer Emp # / Last Name / First Name / M.I.	
Field Training Officer Emp # / Last Name / First Name / M.I.	

See Other Side

Officer Involved Shooting Suspect Information

URN: 406-04137-2826-051

Suspect Information

S 1

Last Name: Diaz	First Name: Alexander	M.I.:
AKA Last Name: Rodriguez	First Name: Alexander	M.I.: D

Sex: M Race: Hispanic	Street Address: Transient	City:	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: 31 D.O.B. 05/24/74	Height: 511 Weight: 165	FBI #:	CII #: [redacted]
Booking #: 8961811	Primary Charge: 664/187 PC	Secondary Charge: 12021(A)1 PC	
Coroner Case? ☐	Coroner Case #:	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☒	Apprehended? ☒	Mental Illness? ☐	Criminal History? ☒
Vehicle Make:		Model:	Year:

S__

Last Name:	First Name:	M.I.:
AKA Last Name:	First Name:	M.I.:

Sex: Race:	Street Address:	City:	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #:	CII #:
Booking #:	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #:	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make:		Model:	Year:

S__

Last Name:	First Name:	M.I.:
AKA Last Name:	First Name:	M.I.:

Sex: Race:	Street Address:	City:	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #:	CII #:
Booking #:	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #:	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make:		Model:	Year:

S__

Last Name:	First Name:	M.I.:
AKA Last Name:	First Name:	M.I.:

Sex: Race:	Street Address:	City:	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #:	CII #:
Booking #:	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #:	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make:		Model:	Year:

Su[redacted]rvisor's Report on Use [redacted]Force

URN: 406-04137-2826-051

Non-Employee Witnesses (Continuation)

Last Name: [redacted]		First Name: [redacted]		Middle Name: [redacted]
Street Address: [redacted]	City: [redacted]	Zip Code: [redacted]	Work Ph.: [redacted]	Home Ph.: [redacted]
Last Name: [redacted]		First Name: [redacted]		Middle Name: [redacted]
Street Address: [redacted]	City: [redacted]	Zip Code: [redacted]	Work Ph.: [redacted]	Home Ph.: [redacted]
Last Name: [redacted]		First Name: [redacted]		Middle Name: [redacted]
Street Address: [redacted]	City: [redacted]	Zip Code: [redacted]	Work Ph.: [redacted]	Home Ph.: [redacted]
Last Name: [redacted]		First Name: [redacted]		Middle Name: [redacted]
Street Address: [redacted]	City: [redacted]	Zip Code: [redacted]	Work Ph.: [redacted]	Home Ph.: [redacted]
Last Name: [redacted]		First Name: [redacted]		Middle Name: [redacted]
Street Address: [redacted]	City: [redacted]	Zip Code: [redacted]	Work Ph.: [redacted]	Home Ph.: [redacted]
Last Name: [redacted]		First Name: [redacted]		Middle Name: [redacted]
Street Address: [redacted]	City: [redacted]	Zip Code: [redacted]	Work Ph.: [redacted]	Home Ph.: [redacted]
Last Name: [redacted]		First Name: [redacted]		Middle Name: [redacted]
Street Address: [redacted]	City: [redacted]	Zip Code: [redacted]	Work Ph.: [redacted]	Home Ph.: [redacted]
Last Name: [redacted]		First Name: [redacted]		Middle Name: [redacted]
Street Address: [redacted]	City: [redacted]	Zip Code: [redacted]	Work Ph.: [redacted]	Home Ph.: [redacted]
Last Name		First Name		Middle Name
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name		First Name		Middle Name
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name		First Name		Middle Name
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name		First Name		Middle Name
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name		First Name		Middle Name
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name		First Name		Middle Name
Street Address	City	Zip Code	Work Ph.	Home Ph.